



By JACK ANDERSON



WASHINGTON — Classified Cambodian documents, smuggled out of Phnom Penh, reveal that Cambodian battlefield commanders have been calling for bombing strikes and strafing attacks on Communist field hospitals.

The documents don't specify whether American B-52s and F-111s, or the mosquito-like Cambodian T-28s supplied by the United States are supposed to attack the hospitals. American authorities insist that U.S. planes are barred from hitting hospitals and pagodas.

However, monitored radio messages from U.S. bomber pilots to their observation planes over Cambodia tell a more confusing story. We have examined seven pages of radio transcripts which, indeed, show the pilots genuinely try to avoid hitting pagodas and hospitals. But the pilots often aren't sure whether they are attacking friendly or Communist troops.

"This target has numerous bunker positions," one bewildered pilot calls to his plane. "They told me in this same area are friendly troops that I worked (bombed or strafed) toward earlier this morning, so see what you can find out about that. . . I can't find out what the friendly situation is down there. . ."

The spotter assures the pilot that "this target was tapped by Blue Chip (approved) for us. . ." Still unsure, the pilot replies: "Okay, like I say, it looks all right. . . But like I said, those friendlies who were down there earlier this morning within 500 meters. . ."

The spotter checks and is back almost immediately with the orders for the bombing run: "Go ahead. . . 50 pounds maximum, no running east or west, don't hit any structures unless fired upon."

The raids on hospitals, which violate international law, are detailed in official messages written in French and labeled "extreme urgent. . . diffusion rest" — very urgent, restricted distribution.

One pinpoints a town named

Phum Khyok in the "first military region" and lists four targets, three of them military. The fourth is identified as a "hospital with about 40 Vietcong-North Vietnam health personnel." Specifies the Cambodian field commander: "Kindly transmit the order to carry out bombardments of (these) objectives."

A second message from Cambodia's "fourth military region" gives map coordinates for a "bombing and strafing" attack on "200 to 250 men, stocks, provisions, FC (command post) and hospital."

A highly-placed diplomat in Cambodia informs us the supervision of the joint Cambodian-U.S. Air Operation Center is entirely in American hands, along with most other air matters.

"The (Americans) tell the Cambodians what to do and the Cambodians do it," the diplomat reports. "The Cambodians couldn't possibly run the center by themselves."

When the Cambodian forces want a strike on a hospital, pagoda or shrine, the diplomat says, the United States refuses to do it, then secretly turns the assignment over to the Cambodian air force which has no scruples at all, and will go

ahead and bomb. . ."

Meanwhile, declares the diplomat, "the B-52s and F-111s are causing enormous civilian casualties (in) hundreds of villages. Just take a boat up the west bank of the Mekong. You will see destroyed villages. . . , totally destroyed by bombing, not mortars. Every one of these targets. . . has been approved by Americans."

Documents in hand, my associate Les Whitten visited the Cambodian embassy here and spoke with officials at length. They did not deny that military commanders might call for strikes on hospitals in the heat of battle, particularly if the hospitals were being used by Communist troops as gun emplacements.

They also contended that the field hospitals are unmarked. The documents in our possession, they pointed out, don't indicate that the hospitals were actually hit.

Any bombing of hospitals is against Cambodian government policy, they said.

Hospital Costs: Congressional investigators have shown us some of their most recent studies on rising medical costs. The studies are not yet completed, but they already confirm what every sick American knows. Medical costs are way out of line.

Doctors like to blame high hospital costs on all the expensive medical equipment hospitals are now using. The truth is, however, that the biggest item on most hospital bills is the price of the room.

Another major problem is unnecessary surgery. Some surgeons, for example, will take out an appendix at the complaint of a bellyache.

The Nixon Administration, meanwhile, is quietly preparing to give the Rand Corporation \$50 million over the next five years to study alternative ways of handling a national health insurance program.

Critics of the study, liberals and conservatives alike, are howling that the study will be a waste of time and money. The study will try to measure how different kinds of health insurance plans affect the customers.

As a result, say the critics, the study will neatly sidestep the question every American really wants to know: Why are medical costs going up at the same time that the quality of health care is going down.